Cardiac Rehabilitation a priority for NHS Improvement

The Heart Improvement Programme, now part of NHS Improvement, will be facilitating a national project over the next two to three years. The overall aim of this project is to increase access to rehabilitation, equity of provision and the uptake of CR services for heart attack, angioplasty and CABG patients. We anticipate that some of the sites will also include other eligible heart conditions, such as heart failure and angina, within their projects.

We will be working with 12-14 sites across England, commencing in September 2008. We will be testing out and sharing learning from the implementation of the NICE recommendations on cardiac rehabilitation – as outlined in the NICE clinical guidelines CG48 on MI: secondary prevention - utilising the NICE commissioning guide on cardiac rehabilitation as a resource to support improved commissioning, which can then be used to improve the wider commissioning and delivery of cardiac rehabilitation services.

The commissioning of cardiac rehabilitation aspect is important and is seen as a means of ensuring robust and sustainable services which meet the needs of patients, as well as safeguarding them and assisting in service development. The project has support from the commissioning team, one of the Implementation Advisors at NICE, the NACR team at York and the Department of Health.

The national project team, led by Linda Binder, National Improvement Lead, was recently delighted to appoint a National Clinical Lead and a National Clinical Advisor. Professor Patrick Doherty, President of the BACR, takes on the role of National Clinical Lead, committing two days a month to the project, while Dr Jane Flint, Consultant Cardiologist has agreed to provide clinical advice to the project. Between them they bring in many years of cardiac rehabilitation experience and will make a formidable team with complementary skills and experience.

Of his new role, and of the project, Patrick says "I'm delighted to have the opportunity to work as a member of the NHS Heart Improvement Programme and I fully understand the importance of my role as National Clinical Lead for Cardiac Rehabilitation.

I believe the Heart Improvement Programme has the expertise, skills and desire to make a significant contribution to the future of cardiac rehabilitation. We will work, in a highly focused way, with clinicians and commissioners to facilitate quality outputs from the NHS Heart Improvement Priorities Project.

The Heart Improvement Programme is committed to the long-term development of a cardiac rehabilitation tariff that captures present modes of delivery but also incorporates sufficient flexibility to accommodate future innovations in delivery. We will continue to represent the NHS cardiac rehabilitation community at the highest level and will push for quality and equality of service across all sectors.

Clinicians, together with the cardiac network leads, will play a vital role in the success of the Priorities Project and I look forward to working with you all."

Linda Binder, National Improvement Lead - Heart (NHS Heart Improvement Programme)
linda.binder@heart.nhs.uk

Footnote: The Heart Improvement Programme is part of NHS Improvement, a national improvement programme working with clinical networks and NHS organisations to transform, deliver and sustain improvements across the entire pathway of care in cancer, diagnostics, heart and stroke services.

Mike Yates, part of the vascular team at the DoH, was involved in reviewing the submissions to become part of the national project, which were of a high standard. He says "Cardiac rehabilitation services are desperately in need of advice and support to help them progress. The innovative and focused work being done by the agreed projects will help bring more consistent service development in this area across the country and so better quality services for those that need them."

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It is with great pleasure that we welcome Linda Edmunds to our editorial team as the new content manager representing the BACR. She is based with Cardiff and Vale NHS Trust. We sadly bid farewell to Geoff Dorrie who has been on the team for 2 years. We wish him the best of luck for the future and all our thanks for the hard work over the years.

Anu Mukherjee –Editor
Update on the Campaign for Cardiac Rehabilitation

There are now 2.7 million people in the UK living with heart disease. The 2007 Audit showed that only 40 per cent of heart patients were accessing cardiac rehabilitation in England and Wales due to under-resourcing of rehab programmes. BHF launched the National Campaign for Cardiac Rehabilitation last year to demand that cardiac rehabilitation professionals are supported in providing high quality rehab for all patients who need it.

Across the UK, over 10,000 people have signed the petitions to support the campaign. Over the last few months, we've made great strides in raising this issue up the political agenda in England, Wales and Scotland and have secured supportive statements from all three governments.

**England**

Patients and cardiac rehab professionals descended on Westminster in December 2007 to lobby MPs to back cardiac rehab in their constituencies.

Many MPs offered their support, with a rash of questions in Parliament about the Government’s lack of progress in meeting cardiac rehab provision targets.

Behind the scenes, the BHF has worked alongside the British Association for Cardiac Rehabilitation to push for cardiac rehab to be included in the payment-by-results funding framework which, if we're successful, will mean money is likely to be more readily available for English programmes.

With new guidance published by the National Institute of Clinical Excellence confirming the need for high-quality rehab programmes and supporting local NHS organisers to provide them, we have a fantastic base from which to build.

**Wales**

Heart patients and health professionals met with their Assembly Members in March in a lobbying event organised by The Cardiac Rehabilitation Campaign Group in Wales (an alliance with BHF Cymru and the All Wales Cardiac Rehabilitation Group). Twenty three Assembly Members attended (over a third of all AMs). Edwina Hart, Welsh Health and Social Care Minister, spoke at the event.

An additional £2m has been ring fenced to support cardiac rehab programmes in Wales. This money has already saved a number of programmes that were threatened with closure.

**Scotland**

The BHF has worked with Chest, Heart and Stroke Scotland (CHSS) to deliver the campaign north of the border, emphasising the need for services to be tailored to under-represented groups, such as women and people living in deprived or remote communities.

The Scottish Parliament in March was treated to the first showing of the campaign video (bhf.org.uk/cardiacrehab) featuring the Stirling Healthy Hearts Group talking about their experience of rehab.

Cabinet Secretary for Health and Wellbeing, Nicola Sturgeon and 37 MSPs have leant their support. The Cabinet Secretary has also stated that the revised CHD and Stroke Strategy, due for publication this summer, will take account of key messages from the campaign – a significant commitment and an early sign of campaigning success.

The campaign is also keen to build up its activity with partners in Northern Ireland, given that concerns about cardiac rehabilitation provision are equally valid there. The campaign is set to launch there later this year.

**National Audit 2008**

The 2008 National Audit for Cardiac Rehabilitation will be launched in early September. It will focus on problems of lack of resources and under-staffing of cardiac rehab programmes in some areas of the country, whilst also highlighting the fantastic work of cardiac rehab professionals in keeping programmes running.

Josh Bayly
campaigns@bhf.org.uk

We are still looking for case studies to support our media work. Has your programme suffered through lack of funding? Is it under threat? Are you concerned about patients left without rehab? If so, please contact us at campaigns@bhf.org.uk
Community based cardiac rehabilitation in Daventry, Northamptonshire

What an exciting professional and personal challenge being offered the opportunity to develop a community based cardiac rehab programme for Daventry & South Northants PCT (now Northamptonshire Teaching PCT).

Danetre hospital was successful with the British Heart Foundation (BHF) Lottery Funded bid. I commenced my post on 18 April 2005. This was a new beginning for Daventry and South Northants which has a population of 167,000 and 16 GP practices in the area.

The cardiac rehabilitation service has developed during the three years of the project and provides a full and varied programme for people experiencing a cardiac event, including their relatives/friends.

Patient referrals are received from Northampton General Hospital and surrounding acute/tertiary hospitals and GP’s practice nurses, including self referrals. A telephone contact to arrange a 1:1 appointment is offered within 4 days. If contact is unsuccessful, patients receive an invite letter.

The appointment option takes place at Danetre Hospital or at the patient's GP practice.

Phase II

- During the visit following their risk assessment, patients are offered – MI/Revas manual, hand-held record and pedometer.
- Health Talks Programme. Guest speakers assist with lifestyle issues. All patients/relatives included.

Phase III

They are offered the appropriate programme from the following menu of options

- 6 week hospital based programme
- Home exercise programme – Road to Recovery
- Armchair exercise programme
- Health walks

Phase IV

- Phase IV programmes at two Leisure outlets in Brackley and Daventry.

Other options that have been developed


12 week programme:
- Assessment
- Healthy eating suggestions
- Armchair exercise (6-8 weeks inclusion)
- Evaluation
- Referral to leisure outlet.

Heart Start. We offer quarterly sessions on Basic Life Support (demonstration/practical) and choking/collapse, with support from a representative (St John Ambulance).

There have been several significant outcomes achieved from the British Heart Foundation and Big Lottery funded project. These include:

- 290 patients included within Phase III
- 129 patients referred to Phase IV
- No Phase IV instructor, prior to cardiac rehabilitation programme but now have 2 BACR accredited trainers based at two leisure outlets
- Successful development and implementation of the H.E.A.L. programme. Now on its fifth programme and has invited 140 people to attend
- Creation in 2007 of a Daventry & District Heart Support Group ‘Young at Heart’. This was launched on 8 November 2007 at Daventry hotel and had 70 people attend its launch
- Health walks promoted from April 2005
- Secured funding to continue to provide the cardiac rehabilitation services has been agreed.

It has been an exciting journey:

- New Community hospital
- New Cardiac Rehabilitation Team
- New Heart Support Group
- A total of 665 patients have benefited from the Service provided.

I am very passionate about the support/advice cardiac rehabilitation offers to patients/relatives and have met many wonderful people. Long may cardiac rehabilitation last for patients in Daventry/South Northants.

Viv Crouch
Cardiac Rehab Sister
Danetre Hospital, Daventry
Over 80 delegates converged on the Holiday Inn, Birmingham for the last official conference of BHF/BLF Projects. I attended with an exercise instructor colleague, both looking for different things from the day.

Elaine Tanner from the BHF introduced the day and Adam Edwards from the BLF was the first to speak. He gave a potted history of the money behind the 36 projects and their broad aim to ‘improve access to and improve inequalities within care’. A final report highlighting the ‘success’ of these projects will be published at the end of the year.

Steph Dilnott, BHF Heart Health Co-ordinator, outlined the BHF’s campaign strategy for cardiac rehab. She reported that 60% of patients are still not getting access. She asked delegates to highlight where there are gaps in service, help collate case studies to help the BHF bring issues to life and to use the voice of patients to add weight to their stories.

Elaine added that delegates need to ensure they have/are developing good business cases, as pick up for all the projects is currently being assessed.

Delegates were then divided between four workshops; home-based manuals, referral pathways, Chairobics/Action Stations and Standard Risk Stratification. I dashed off to the referral pathway workshop, my colleague in her tracksuit to do some chair exercises. The referral pathway session was a review of the NHS Institute of Innovation and Improvements ‘Map of Medicine’. This is a web-based database with over 400 care pathways, including cardiac rehabilitation. All main pathways are accredited and referenced. The presenter Ketan Patel highlighted that the site is now being used during commissioning rounds to inform service planning and investment. Further details are available at www.mapofmedicine.com

Risk Stratification was the second workshop I attended. My exercise instructor colleague, not satisfied with an hour long slog in an armchair went off to do some home exercises.

Risk Stratification was presented by Dr John Buckley, he warned us at the start that he was provocative, so it was not a complete surprise that this is how I found him. He got the group to consider what is meant by Risk Assessment and Stratification and argued his way around each table at the questions review. Dr Buckley then presented a case study and...
The production of this newsletter was supported by the NHS Heart Improvement Programme - Part of NHS Improvement www.improvement.nhs.uk

We had a 67% return from the questionnaires on the day.
91% rated the day good or excellent.
93% rated the speakers and workshops good or excellent.

Below are some of the comments received on the day:

- “Enjoyed the day very much, nice to be able to network and talk to other CR practitioners and find out how other projects and services are delivered.”
- “Thank you for the opportunity, very insightful and great for networking and building up contacts.”
- “Good interactive session with lots of interesting discussion and useful resources.”
- “Very informative and informal, lots of education delivered in an excellent manner.”
- “Made us all think!”
- “Lots of practical tips and ideas will be able to use this immediately in clinical practice.”
- “Interactive, thought provoking and useful.”

Finally the BHF would like to take this opportunity to thank the speakers and delegates for making the day such a success by actively participating and engaging in all aspects of the day.

Diane Card, Heart Health Co-ordinator (British Heart Foundation)
Salford Primary Care Trust’s Cardiac Rehabilitation Team has picked up first prize in the Cardiac Rehabilitation Category for Excellence and Innovation at the Cardiology Nursing Awards 2008.

The award, presented to the team at the Café Royal in London, celebrates the team’s development of an individualised menu-based service, enabling people in Salford to tailor a rehabilitation programme appropriate to their needs.

The project has been supported by a three-year grant from the British Heart Foundation (BHF), in association with the Big Lottery.

The multi-disciplinary team of 13 is based at Sandringham House within Salford PCT’s Provider Services.

Karen Cook, Cardiac Rehabilitation Service Manager, said: “This is fantastic news for Salford and reflects the excellent cardiac rehabilitation services available in the city.”

Ian Jones, Senior Lecturer in Cardiac Nursing at Salford University added: “This multi-disciplinary team has demonstrated that great things can be achieved with innovative thinking and a can-do attitude. Their award is richly deserved.”

Diane Card, from the British Heart Foundation, said: “The Big Lottery Funding has enabled this project to develop and expand the existing cardiac rehabilitation services within Salford PCT.

“It has created an excellent service for the local community that has had a real impact on improving the quality of life of the cardiac population. The award is well-deserved in recognition of the team’s efforts in making a difference within their local community.”

For further information, please contact Jenny Speak, PR and Publications Officer
Tel: 0161 212 4116
Email jenny.speak@salford-pct.nhs.uk

Positive evaluation for the Heart Improvement National Cardiac Conference!

Over 450 people attended the Heart Improvement National Cardiac Conference on Thursday 8 May 2008. The conference showcased the work led by the Heart Improvement Programme and cardiac networks through the national priority projects, supported by other national and local initiatives.

Held in London, the delegates enjoyed plenary speeches from Professor Roger Boyle and Sir Bruce Keogh; as well as a number of mini-presentations highlighting the good work of the Heart Improvement Programme and cardiac networks over the past two years.

With over 75 speakers, the afternoon workshops focused on key areas of work from the past 12 months, including heart failure, supportive and palliative care, sudden cardiac death, transforming services and pathways, primary care, cardiac diagnostics, arrhythmia pathways and cardiac rehabilitation. Speakers included clinicians, managers, cardiac network staff and service improvement managers.
The event evaluated well, with delegates enjoying the mix of presentations and the opportunity to learn more about exciting developments from across the country. Delegates found the event ‘informative’ and ‘very relevant’ and enjoyed the chance to network with colleagues and get ‘up to date’ with current thinking and activities.

The Heart Improvement Programme is part of NHS Improvement. Working with clinical networks and NHS Organisations, NHS Improvement helps to transform, deliver and sustain improvements across the whole pathway of care in cancer, cardiac, diagnostics and stroke services.

Rhiannon Pepper
rhiannon.pepper@improvement.nhs.uk

The BACR Travel award
The BACR grants an annual travel award up to the value of £2,000, which may be awarded to one applicant or divided between several. The purpose of the award is to provide the opportunity for the development of knowledge in the field of cardiac rehabilitation. The closing date for applications is 30 May and successful applicants are required to write a short report for CR UK. Further details of the award can be found at www.bcs.com/bacr

Linda Edmunds, Consultant Nurse – Cardiac Care, Cardiff & Vale NHS Trust

Update from the NACR team

Around two thirds of the rehab programmes in England and Wales are now part of the National Audit Programme and the number is steadily growing.

We have introduced a new web based version which eliminates the need for licences or the loading of software, and 38 programmes have so far been issued with user IDs to allow access. Our next annual report will be out on 5 September 2008.

User support improved
After a period last year when ourselves and CCAD were badly understaffed and some enquiries went unanswered, new staff are in place and keen to help. New staff member, Georgia, is phoning all users as well as those of you who applied for the software but are still to get connected, to see if we can help. If that describes you why not phone her to see if she can help (01904 321 385)?

Using your own data
Veronica, our resident statistician, has produced individual reports for many users who have been asked difficult questions by their bosses or funders or don’t know how to analyse their data. A simple to use access database that will allow you to download all of your own data and ask it questions is in the final testing stage and will be out soon, if you want a copy please contact Nerina and she will put you on the list.

New training dates for the NACR database in the York computer lab are as follows:

- Tuesday 16 Sept 08
- Tuesday 14 October 08
- Monday 10 November 08
- Monday 8 December 08
- Tuesday 27 January 09
- Tuesday 24 February 09
- Tuesday 24 March 2009

Email or phone Nerina if you’d like to book a place (01904 321 326 or nea500@york.ac.uk)

New Developments
Another new development allows users to make referrals across trusts and to share information within multi site programmes. So far 24 programmes have completed the required Information Sharing Agreement and obtained their Caldicott Guardian signature. We are currently working to develop ways to show all of the work that goes into your programme, not just the Phase 3 activity, if you have views about this please phone Georgia on 01904 321 385 so you can shape it to suit your needs.

NACR Newsletters
There is much more to say and we have produced a number of newsletters focusing on general updates, specific problems and the latest news and developments. For the latest issue please visit our website www.cardiacrehabilitation.org.uk/dataset. If you would like to receive the newsletter, whether or not you are a NACR user, please email Sally (sb52@york.ac.uk) and she will put you on the list.

If you have any other queries about NACR please do not hesitate to contact Nerina on 01904 321 326. If you are completely new to all of this you might like to have a look at www.cardiacrehabilitation.org.uk/dataset where you can download further information about the project.

Corinna Petre, NACR Project Manager

Janet Williamson

The production of this newsletter was supported by the NHS Heart Improvement Programme - Part of NHS Improvement www.improvement.nhs.uk
Outcomes data motivates patients and provides effectiveness of exercise component of Phase III cardiac rehabilitation

Alan Darby, Exercise Physiologist in CR; Christine Benson, CR Specialist Nurse; Naresh Damodaran, CR physiotherapist.

Addenbrooke’s cardiac rehabilitation (CR) team offers patients a comprehensive CR programme including five educational talks along with a twelve week course of exercise at one of four locations across the Cambridgeshire area.

Outcome data including body mass (BM), and abdominal girth (AG); body mass index (BMI), Anxiety and depression; and functional capacity (FC) measured in metabolic equivalents (MET); has been recorded pre and post exercise for more than 100 patients.

Analysis of this data allows us to identify areas for development in a specific programme, gender or age group, thus enabling us to improve the quality of the service provided, whilst also aiding the formulation of a business case to obtaining funding for continuing service development.

All patients entering the exercise programme attend a one to one assessment where much of the pre exercise data is collected. Repeat measures are then taken following the patients completion of the twelve week exercise course.

Data analysis has enabled us to formulate numerous graphs highlighting both improvements and areas of concern. Some key findings are summarised below.

The average patient body mass (BM) has fallen by 0.7kg, however on closer inspection it becomes apparent that the average female actually gains 0.2kg over the course of the CR programme. Abdominal girth improvements can be seen throughout the age groups in both genders with the exception of females under 40 years and males aged between 66 -75. MET improvements are apparent across all ages in both genders ranging from 0.13MET improvements in females >75 years, to 1.82 MET improvement in males aged 41-55. On average patient METs have improved by 28% in all patients, with males and females improving by 29.89% and 22.12% respectively.

Pre exercise anxiety levels appear lower the older the patient. This is accompanied by a greater reduction in anxiety the younger the patient.

Patients <40 years not only start with the highest scores across most measures but also improve by the largest margin in comparison to other age groups.

Improvements in distance walked (attained through SWT) can be seen across all age groups, with a reduction in improvement margin with increased age.

Generally males show greater improvements than their female counterparts. The fact that males improved their MET levels to a greater extent than females may have contributed to the greater weight and girth loss also achieved.

We are currently looking at subtle modifications which could help improve the benefits that females gain from our exercise programmes.

Despite observing a slight gain in BM across some patient groups, many also show a reduction in AG. It is likely that exercise induced changes in body tissues i.e. increase in muscle mass and reduction in body fat, may contribute to this finding.

As we are well aware waist circumference has a very strong link with risk of having a cardiac event; therefore any reductions in this area play a vital role in reducing patients future cardiac risk.

Improvements in patient’s FC were observed across all four programmes in both males and females of all age groups. As one of the major priorities of Phase III cardiac rehabilitation is to improve patient’s activity levels, these results help to validate our programmes enormously.

MET data collected has enabled us to graph individual patient progress in order to show patients their exercise progression and achievements.

We have found that this technique has helped enormously in motivating patients to continue to increase or maintain their activity levels.

We are currently looking at introducing individual patient graphs illustrating additional risk factor reduction during their time in the programme.

We also track and compare the progress of all four of our programmes, which do vary slightly in the structure and equipment provided. As a result of this we are able to identify areas that require discussion within the team for development initiatives or conversely, to highlight areas of significant improvement.

Ultimately we feel that our efforts in this area can only help to strengthen the validity and effectiveness of cardiac rehabilitation.

Alan Darby
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References


3. American College of Sports Medicine (ACSM). Guidelines for exercise testing and prescription. Williams & Wilkins, 2005


North Lincolnshire Primary Care Trust
community based cardiac rehabilitation initiative

Dr Karen Dunderdale, Louise Bevington, James McGhie, Jane Smith

North Lincolnshire Primary Care Trust
serves both a rural and urban community. The existing hospital based cardiac rehabilitation (CR) programme served the majority of those patients who lived in the urban population. Successful British Heart Foundation/Big Lottery funding in 2005 allowed the current CR service to enhance its programme by providing a menu based individualised CR service which offers people choices for cardiac rehabilitation rather than a set programme.

We now offer:
- A home based programme using Road to Recovery
- Community based programmes in 3 community venues across the North Lincolnshire area
- Existing hospital based programme.

The employment of a CR nurse based in secondary care with the existing CR team and the employment of an exercise instructor in partnership with North Lincolnshire Council has led to a smooth transition of community based CR and the establishment of Phase 4 programmes in each of the community venues. This has led to improved communication and cross referral amongst the cardiac diseases.

The service provided by this funding is entering its final year of a three year bid. During the first two years 51 patients have undertaken the home based programmes; 63 patients have chosen to participate in the community programme and 124 patients have chosen the hospital based programme.

This initiative has also allowed the existing service to expand its programme to other cardiac conditions. The programme is now offered to angioplasty (PCI) patients and there has been a 50% increase in this group accessing cardiac rehabilitation. A total of 235 PCI patients have been offered a choice of cardiac rehabilitation. It is worthy of note that the total number of patients invited to the CR service in its entirety over this period is 1600.

An additional and significant benefit of this funding has also been the commencement of pre & post exercise assessments which include a functional capacity comparison. Each individual entering the Phase III rehabilitation programme undertakes a pre-assessment which includes: physical & psychological assessment, current cardiac status assessment, lifestyle assessment, agreed goals, 3 Minute Step Test (Kasch & Boyer 1968) and a plan to incorporate physical activity for 20-30 minutes at least five times a week. In all of our pre and post assessments the Step Test is used as the measure of cardiovascular fitness and the patients’ perceived workload is assessed using the Borg Rating of Perceived Exertion (RPE) (Borg 1970).

In the majority of cases the patient showed an improvement in their RPE and heart rate. In those cases where there was no improvement there was a clinical reason available for the deterioration. It is also recognised that some individuals may not have fully understood how to use the Borg scale at their pre-assessment and further instruction has led to an apparent change in score.

The cardiac rehabilitation nurse and exercise instructor in partnership with primary and secondary care has allowed the expansion of the existing CR programme to deliver a multi-choice programme encompassing all coronary heart diseases. A regular structured exercise programme can increase functional and aerobic capacity. Patients access the community programme once a week but still show improved exercise capacity. A simple functional exercise assessment is a valuable way to audit Phase III cardiac rehabilitation. It is also a good way of providing objective feedback to the patient.

Karen Dunderdale
Karen.Dunderdale@nlg.nhs.uk

References
Kasch,FW & Boyer,JL. Adult fitness principles & practices. 1968.

“I found the programme of significant benefit; particularly in giving me the confidence to return to exercise after my heart attack. The availability of a programme within the local community has made it even easier for me to take part.”

Patient quote
Training opportunities

BACR Phase IV Exercise Instructor Training
Specialist training for exercise professionals who want to prescribe and deliver exercise programmes as part of the overall long-term management of individuals with heart disease. This is an assessed course and therefore has a strict qualification and experience entry criteria. Recognised by the Register of Exercise Professionals (REPs).

Cost: £595 (includes assessment). Duration 5 days.

A Practical Approach to Physical Activity and Exercise in the Management of Cardiovascular Disease
This two-day course was previously titled ‘An introduction to exercise for health professionals working with cardiac patients’. It aims to explore the principles of exercise and physical activity in cardiovascular disease prevention and rehabilitation and how to apply these principles to design and delivery, using an evidence-based approach. It has a practical emphasis and aims to assist health professionals with useful tips and suggestions regarding physical activity and exercise advice, exercise prescription, planning and delivery that can be implemented in future service developments.

For any health professional delivering/advising cardiac patients in primary/secondary health care setting.

Cost: £280 (£250 to BACR members). Duration 2 days.

Exercise Prescription: New Insights and the Management of the Complex Patient
This course aims to encourage all professionals delivering the exercise component of cardiac rehabilitation to explore current practice and guidelines. Clinical reasoning skills will be encouraged through facilitated workshops to enable practitioners to interpret and adapt evidence in order to manage patients whose status falls outside the recommended guidelines. The exercise implications and practicalities of the more complex patient groups will be explored. Consolidation of existing knowledge and further understanding will give confidence in future practice.

For exercise and health professionals who deliver the exercise component of cardiac rehabilitation. Provides an excellent follow on from the ‘A Practical Approach to Physical Activity and Exercise in the Management of Cardiovascular Disease’ course.

Cost: £280 (£250 to BACR/ACPICR members). Duration 2 days.

Introduction to Psychological Issues for Health Professionals working in Cardiac Rehabilitation
An evidence and practice-based course designed to help multidisciplinary team members increase their confidence in identifying psychological issues, and to explore ways of incorporating psychological principles within cardiac rehabilitation programmes. This course is designed for cardiac rehabilitation professionals who already have experience of working in cardiac rehabilitation settings.

For any health professional working in cardiac rehabilitation setting.

Cost: £280 (£250 to BACR members). Duration 2 days.

A Practical Course in Assessing Functional Capacity in Clinical Populations
This one-day practical study day aims to increase the knowledge and skills in implementing a number of functional capacity tests used in population groups such as cardiac and respiratory patients (e.g. Incremental Shuttle Walk Test, 6-Minute Walk Test, Chester Step Test, Cycle Ergometry) as well as practically apply the results to exercise prescription.

Cost: £130 (£145 to BACR members). Duration 1 day.
Physical Activity and Exercise Advice for the Heart Failure Patient – Nursing Professionals Day
This course is aimed at nursing professionals with experience of heart failure patients to increase the awareness of the impact of physical activity and exercise in this patient group. The day has both a case study and a practical emphasis and aims to assist health professionals with useful tips and suggestions regarding physical activity and exercise advice for all NYHA status patients, whether seen in the traditional cardiac rehabilitation setting or in their own homes.
For nursing professionals with experience of heart failure patients.
Cost: £145 (£130 to BACR/ACPICR members). Duration 1 day.

Assessing, Prescribing and Delivering Physical Activity and Exercise for the Heart Failure Patient – Exercise Professionals Study Day
This course aims to develop understanding of the relationship between baseline functional assessment, risk assessment and subsequent exercise prescription.
For exercise professionals involved in assessing/prescribing physical activity for heart failure patients.
Cost: £145 (£130 to BACR/ACPICR members). Duration 1 day.

Knowledge and Skills update study day – for BACR Exercise Instructors
This study day is run by BACR Phase IV course directors and aims to update and consolidate on areas which are relevant to everyday practice for BACR Phase IV instructors. It also includes a practical session to discuss the principles of exercise and physical activity delivery. It is envisaged that it will be good preparation for revalidation and that there will be plenty of opportunity to discuss Phase IV service delivery issues.
Cost: £90 (£85 to BACR members). Duration 1 day.

Practical Skills in Delivering Effective Group Exercise in Cardiac Rehabilitation
This one-day practical study day aims to develop practical exercise delivery skills and competences for delivery of group based cardiac rehabilitation.
Cost: £130 (£145 to BACR members). Duration 1 day.

Rating of Perceived Exertion Study Day
This one day course is aimed at all health and exercise professionals working in cardiac rehabilitation to ensure the appropriate, consistent and valid use of Borg’s RPE scales. An evidence based approach is used in a day that mainly involves practical workshops of exercise assessment and prescription.
Cost: £130 (£145 to BACR members). Duration 1 day.

BACR Exercise Professionals Group (EPG) Spring Study Day 2009 – ‘Exercise is more than FITT’
Topics to include: 15 minute warm-up – why?; To stretch or not to stretch?; Those difficult exercise questions answered; The breathless patient in cardiac rehabilitation.
Friday 27 March 2009, NEC Birmingham
Cost: £110 to BACR members / £130 to BACR non-members
For dates, venues and details of all the above courses please visit www.bacrphaseiv.co.uk or contact the BACR Education Office.
We are also interested in hearing from anyone who has local interest in any of the above courses and would like more details on hosting a course.
Education Office 01252 720640  enquiries@bacrphaseiv.co.uk
Events, courses and conferences

BACR Annual Conference
The BACR Annual Conference will take place 3 - 4 October in York, and will include the following topics:
- Rehabilitation versus PCI
- Complementary therapies
- Dietary recommendations
- Campaign update
- Exercise and mental health
- NACR
- Ageing population

To register for the conference, please go the conference section on the BACR website at www.bcs.com/affiliates/bacr.html. Alternatively you may contact bacr@bcs.com or 020 7692 5414.

Cardiovascular Disease Prevention and Rehabilitation Course
20-22 November 2008, Imperial College, South Kensington, London
This three-day course aims to equip GP's, cardiologists, nurses and other health professionals with the necessary knowledge and practical skills for implementing a comprehensive family based cardiovascular disease prevention and rehabilitation programme based on the tried and tested EUROACTION model (Lancet, 2008).

With the recent publication of ‘Putting Prevention First,’ both screening for and managing individuals at high cardiovascular risk come high on our national health agenda.

The course is focussed on CVD prevention and rehabilitation and delivered by a specialist team that includes 3 consultant cardiologists, a specialised nurse, a dietician, physiotherapist and physical activity specialist.

The wide range of topics include: Estimating CVD risk; how to accurately assess smoking, diet and physical activity using practical and valid tools; practical methods to deliver an effective weight management programme; physical activity strategies – what works and how to give safe and effective advice; drug therapies to achieve CVD risk reduction targets; how to help people to stop smoking successfully; motivational interviewing techniques in changing behaviour and more.

For more information contact Jennifer Jones on +44 (0)7815 058 599 or J.Jones@imperial.ac.uk

Heart Rhythm Congress
The date for the Heart Rhythm Congress 2008 is 19-22 October 2008 at the Hilton Birmingham Metropole hotel. 18 October is the set-up date.
For further details go to: http://www.heartrhythm.org.uk

11th PCCS Annual Scientific Meeting & AGM – Cardiovascular Disease and Deprivation
25 – 27 September, The Crowne Plaza Hotel, Chester
With the focus on Cardiovascular Disease and Prevention, the programme will include themed plenary sessions, clinical presentations, case studies and workshops led by experts in the field. The meeting is open to all healthcare providers, commissioners and managers with an interest and involvement in the management of CVD disease. Speakers include senior public figures and leading clinicians in the field.

For further information go to www.pccs.org.uk

British Cardiovascular Society Annual Scientific Conference 2009
1–3 June 2009, ExCel London
Further details will be posted on http://www.bcs.com in early 2009.